NOAA SATELLITE GROUND STATION CUSTOMER QUESTIONNAIRE
(OMB AUTHORIZATION NO. 0648-0227 EXPIRES 10/31/95)

Directions: Thank you for taking the time to complete this questionnaire. Most questions will require only one response.

1. Check one user category which best describes your activity.

___ Amateur
___ Commercial/Business
___ Equipment or software manufacturer (see 1a.)
___ Government Meteorological Organization
___ Other Civil Government
___ Military
___ High School or Technical School
___ Television/Radio Station
___ University/College
___ Other - please describe. _____
_____

___ Do not know/Not applicable

1a. If an equipment or software manufacturer, check all that apply:

___ APT
___ HRPT
___ GOES-TAP
___ WEFAX
___ VISSR/VAS/GVAR
___ Software
___ Image Interpretation
___ Complete "turn key" installation
___ Other - (please list). _____
_____

2. Do you receive Environmental Satellite transmissions? Check one:

___ Yes
___ No
___ Do not know/Not applicable

2a. If you answered yes, please indicate one category which best describes how often you receive satellite transmissions:

___ Daily
___ Several times per week
___ Several times per month
___ Never
___ Other - please describe frequency. _____
_____

3. What data types do you receive? Check all that apply:

___ APT - Automatic Picture Transmission
___ HRPT - High-Resolution Picture Transmission
___ WEFAX - Weather Encoded Facsimile Transmission
___ GOES VISSR/GVAR - Visible and Infrared Spin -Scan radiometer GOES Variable format
___ TOVS- TIROS operational vertical sounder
___ Other - please specify. _____
_____

___ Do not know/ Not applicable

4. **Do you have access to any of the following? Check all that apply:**

___ Computer with a modem
___ Electronic mail (E-Mail)
___ Internet
___ Commercial on-line service (Compuserve, MCINet, or similar)
___ Do not know/Not applicable

5. **Do you obtain navigation/orbital predict information directly from NOAA (NOAA.SIS or NOAASIS Web site)? Check one:**

___ Yes
___ No
___ Do not know/Not applicable

6. **What is the the location of your receiving station?**

_____ Latitude (please indicate North or South)

_____ Longitude (please indicate East or West)

_____ Do not know/Not applicable

7. **User Information: Please fill out completely: Please print or type**

Name: Mr./Ms./Mrs._____

Title: _____

Organization: _____

Division: _____

Address: _____

_____

_____

_____

Country: _____

Telephone: _____

TeleFax: _____

E-Mail: _____

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Please return completed survey to: NOAA Satellite Questionnaire
NESDIS E/SP21 Room 806
5200 Auth Road
Camp Springs, MD 20746 USA

or FAX to 301-763-8449

Public reporting burden for this collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to NOAA/NESDIS E/SP21, NOAA Science Center, Rm 806, 5200 Auth Road, Camp Springs, MD 20746